

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51							
2							52							
3							53							
4							54							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL DEP.	3		↓		↓									
TOTAL DEP.	1		←		←									
TOTAL CLAIMS	14													

BEST AVAILABLE COPY